## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

SUN-P8936

|                             | · .                | CLAIMS A                                                          | S FILED -<br>(Column |                                   |                                                | ımn 2)           | SMALL<br>TYPE | ENTITY                 | OR      | ,                           | R THAN<br>ENTITY       |  |
|-----------------------------|--------------------|-------------------------------------------------------------------|----------------------|-----------------------------------|------------------------------------------------|------------------|---------------|------------------------|---------|-----------------------------|------------------------|--|
| TOTAL CLAIMS                |                    |                                                                   | 39                   |                                   |                                                |                  | RATE          | FEE                    | 7.      | RATE                        | FEE                    |  |
| FOR                         |                    |                                                                   | NUMBER FILED         |                                   | NUME                                           | BER EXTRA        | BASIC F       | EE 385.00              | OR      | BASIC FEE                   | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS     |                    |                                                                   | 39 minus 20=         |                                   | • 19                                           |                  | X\$ 9=        |                        | OR      | X\$18=                      | 342                    |  |
| INDEPENDENT CLAIMS          |                    |                                                                   | 5 minus 3 =          |                                   | چُ                                             |                  | X43=          |                        | OR      | X86= .                      | 172                    |  |
| ML                          | ILTIPLE DEPE       | NDENT CLAIM P                                                     | RESENT               |                                   |                                                |                  | +145=         |                        | OR      | +290=                       | 1.77~                  |  |
| * If                        | the difference     | e in column 1 is                                                  | less than ze         | ero, enter                        | "0" in d                                       | column 2         | TOTAL         |                        | OR      | TOTAL                       | 1284                   |  |
| CLAIMS AS AMENDED - PART II |                    |                                                                   |                      |                                   |                                                |                  |               | OTHER THAN             |         |                             |                        |  |
|                             |                    | (Column 1)                                                        |                      |                                   |                                                | (Column 3)       | SMALI         | ENTITY                 | OR      | SMALL                       | ENTITY                 |  |
| AMENDMENT A                 |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                         |                      | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>JUSLY                                   | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |         | RATE                        | ADDI-<br>TIONAL<br>FEE |  |
| NDN                         | Total              | *                                                                 | Minus                | **                                |                                                | =                | X\$ 9=        |                        | OR      | X\$18=                      |                        |  |
| AME                         | Independent        | * ENTATION OF MI                                                  | Minus                | ***                               | CL AIM                                         | =                | X43=          |                        | OR      | X86=                        |                        |  |
|                             | ·                  | ENTATION OF MI                                                    | JETIPLE DEP          | ENDEM                             | CLAIN                                          |                  | +145=         | 30                     | OR      | +290=                       |                        |  |
|                             |                    |                                                                   |                      |                                   | •• •                                           |                  | TOTAL         |                        | OR      | TOTAL                       |                        |  |
|                             |                    | (Column 1)                                                        | •                    | (Colum                            | n 3)                                           | (Column 3)       | ADDIT. FEE    | L                      |         | ADDIT. FEE                  |                        |  |
|                             |                    | CLAIMS                                                            | ,                    | HIGHE                             | ST                                             | (00/0///// 5)    | ]             | ADDI-                  | 1 1     |                             | ADDI-                  |  |
| AMENDMENT B                 | ·                  | REMAINING<br>AFTER<br>AMENDMENT                                   | ·                    | NUME<br>PREVIO<br>PAID F          | USLY                                           | PRESENT<br>EXTRA | RATE          | TIONAL                 |         | RATE                        | TIONAL<br>FEE          |  |
| NDW                         | Total              | *                                                                 | Minus                | **                                |                                                | =                | X\$ 9=        |                        | OR      | X\$18=                      | o object               |  |
| AME                         | Independent        | *                                                                 | Minus                | ***                               | <u> </u>                                       |                  | X43=          |                        | OR      | X86=                        | 7                      |  |
| i                           | FIRST PRESE        | NTATION OF MU                                                     | LITPLE DEP           | ENDENT                            | CLAIM                                          |                  | +145=         |                        | OR      | +290=                       | N. North               |  |
|                             | *                  |                                                                   | ٠,٥                  |                                   |                                                |                  | TOTAL         |                        |         | TOTAL                       |                        |  |
|                             | •                  |                                                                   |                      |                                   |                                                |                  | ADDIT. FEE    |                        |         | ADDIT. FEEL                 | •                      |  |
| $\neg$                      |                    | (Column 1)                                                        |                      | (Colum                            |                                                | (Column 3)       | ·             | •                      |         |                             |                        |  |
| AMENDMENT C                 |                    | REMAINING<br>AFTER<br>AMENDMENT                                   |                      | NUMB<br>PREVIOU<br>PAID F         | ER<br>USLY                                     | PRESENT<br>EXTRA | RATE          | ADDI-<br>TIONAL<br>FEE |         | RATE                        | ADDI-<br>TIONAL<br>FEE |  |
|                             | Total              | *                                                                 | Minus                | **                                |                                                | =                | X\$ 9=        |                        | OR      | X\$18=                      |                        |  |
| <b>U</b>                    | Independent        | *                                                                 | Minus                | ***                               |                                                | =                | X43=          |                        | OR      | X86=                        |                        |  |
| 乡 L                         |                    |                                                                   |                      |                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                  |               |                        |         |                             |                        |  |
| <b>₹</b>                    | FIRST PRESE        | NTATION OF MU                                                     | LTIPLE DEP           | ENDENT                            | CLAIM                                          |                  |               |                        | · · · } |                             |                        |  |
|                             | <del></del>        | <del>.</del>                                                      |                      |                                   |                                                |                  | +145=         |                        | OR      | +290=                       |                        |  |
| * If                        | the entry in colur | mn 1 is less than the<br>mber Previously Pa<br>mber Previously Pa | e entry in colum     | nn 2, write "                     | 0" in colu                                     | 20, enter "20."  | TOTAL         |                        | OR      | +290=<br>TOTAL<br>DDIT. FEE |                        |  |